

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000503333

**Entity Name:** SIDDHI HOSPITALITY ORLANDO LLC

**Current Principal Place of Business:**

1850 W LANDSTREET RD  
ORLANDO, FL 32809

**Current Mailing Address:**

1850 W LANDSTREET RD  
ORLANDO, FL 32809 US

**FEI Number: 87-3747873**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PATEL, ASHISHKUMAR P  
8419 FOXWORTH CIR  
ORLANDO, FL 32819 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title AMBR  
Name PATEL, ASHISHKUMAR P  
Address 8419 FOXWORTH CIR  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name PATEL, POOJA  
Address 8419 FOXWORTH CIRCLE  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name PATEL, PINKEYBEN  
Address 8419 FOXWORTH CIRCLE  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name PATEL, HETALKUMARI  
Address 8419 FOXWORTH CIRCLE  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name KETANKUMAR DESAI  
Address 14541 WARD ROAD  
City-State-Zip: ORLANDO FL 32824

Title AMBR  
Name AXAY PATEL  
Address 4724 N. ORANGE BLOSSOM TRAIL  
City-State-Zip: ORLANDO FL 32810

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: POOJA PATEL**

**AMR**

**04/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date